

TO: ALL PROVIDERS

FROM: CAREFIRST OF MARYLAND INC., MEDICARE PART A

DATE: DECEMBER 9, 2004

SUBJECT: PARTIAL HOSPITALIZATION PROGRAM (PHP) CLAIM REVIEW

Medicare Part A Medical Review has recently noticed an increase in the number of medical records submitted by Partial Hospitalization Programs (PHP) with insufficient or inadequate documentation. CareFirst of MD, Inc. reminds the provider community that Medicare providers are required by Centers for Medicare & Medicaid Services (CMS) to provide all documentation requested in an Additional Documentation Request (ADR) letter. The needed documentation is a critical element in making an appropriate medical necessity determination. (See Social Security Act 1833 (E) and 42 Code of Federal Regulations Part 424.5 (A)(6) for documentation references.)

In an effort to further assist providers with timely and appropriate submission of medical records, CareFirst of MD, Inc. has clarified the documentation requested in the ADR. The ADR to PHP providers will now request the following information:

1. Complete itemized statement with breakdown of all charges for dates of service submitted on the claim
2. Admission history and evaluation with specific date of onset of illness being treated
3. Comprehensive treatment plan/multidisciplinary treatment plan
4. Physician's partial hospitalization initial certification
5. Physician's partial hospitalization initial 18 day recertification
6. Physician partial hospitalization subsequent recertifications
7. Physician's orders
8. Physician's progress notes for DOS submitted on the claim
9. Multidisciplinary treatment notes for DOS submitted on the claim

The details of the submission should include:

- The reason(s) for the admission
- The physician's admitting orders
- A recent psychiatric evaluation with diagnoses
- The patient's psychiatric history
- The present mental status
- A current list of medications the patient should be taking
- A treatment plan with weekly updates
- Discharge plans

Each intervention (group psychotherapy, individual psychotherapy session, education/training group, and activity group) should be addressed in a separate and identifiable note. Such progress notes should include the following information:

- The date with starting and ending times
- A description of what was done in the group/session
- A description of how the service is benefiting the patient
- A description of how the patient reacted to the intervention (level of participation, etc.)
- A review and summarization of long and short- term goals addressed by the intervention
- A description, using measurable functional terms, of the patient's progress toward attaining the goals set forth in the plan of care

All group and individual psychotherapy notes should be signed by a staff member credentialed to provide psychotherapy. Medicare covers mental health services by a Physician, Clinical Psychologist, Licensed Clinical Social Worker, Nurse Practitioner, or Clinical Nurse Specialist.

Note: General information groups, primarily recreational or diversional groups, and goal-setting groups are not billable services.

Medical Review expects the documentation to show "active treatment" for PHP claims. Active treatment refers to the active treatment of an acute mental illness, as opposed to custodial or supportive care only. Active treatment should be demonstrated throughout the medical record. Documentation should address the acute presenting problem(s) requiring PHP. Active treatment consists of clinically recognized therapeutic interventions including individual, group, and family psychotherapies, educational groups, occupational and activity therapies that are pertinent to the patient's illness. Medical and psychiatric diagnostic evaluations and medication management are also important components of active treatment. The psychosocial evaluation is a valuable tool that should contain information about the patient's support system or lack thereof, current living situation, substance abuse issues past and present, medication compliance, and current problems.

You must attach a copy of the ADR letter to the information when you submit it to Medical Review. Please address and send the requested records to:

CareFirst of MD, Inc.
Medicare Part A Medical Review
1946 Greenspring Drive
Timonium, MD 21093-4141

If you have any questions you can contact our Provider Service line at 1-866-488-0545.

